

Laboratory Report

Report Date: 06/14/2016

Heather E. D.



Chain of Custody Record

Page: 1 of 1

526 CHESTNUT STREET


VIRGINIA, MINNESOTA 55792

COC#:

218-741-4290 * FAX 218-741-4291

WO# : 1267445
 PM: HRZ Due Date: 06/17/16
 CLIENT: NTS-Dave J

CLIENT NAME, ADDRESS, PHONE#:			REPORT TO:			TYPE & # CONTAINERS										Comments:		
US Steel MinnTac			Tom Moe - USS Minntac Scott Seeley - NTS, 218-742-1028															
SAMPLER: <i>EE/SS</i>			PERMIT REQ.: Yes															
PROJECT: NPDES Data Gaps Monitoring			MONTH: June 2016															
PROJ. NO: 10170C			COLLECTION:		MATRIX													
LOG-IN	SAMPLE #	DESCRIPTION	DATE	TIME	LIQ	SOL	Filtered	General - 1 Liter plastic	Metals - 500 ml HNO3 (total)	Metals - 250 ml HNO3 (dissolved)	LI Mercury Bottles	1000 mL Glass Amber	Nutrients - 500 mL H2SO4	(3) 40mL Vials - HCl	pH (SU)	Sp. Cond. us/cm	Temperature (°C)	
															Field	Field	Field	Field
	SW-001	Sand River Station 701	6-3-16	800	X		N	1	1						7.46	303.6	12.14	
RELINQUISHED BY: <i>[Signature]</i>					DATE: 6-3-16 TIME: 1010		RECEIVED BY:					DATE: <i>THIS</i> TIME: <i>[Signature]</i>						
RELINQUISHED BY: <i>[Signature]</i>					DATE: TIME:		RECEIVED BY:					DATE: TIME:		SHOULD BE UNDER DAVE J (NTS) ???				
RECEIVED FOR LAB BY:					TEMP AT ARRIVAL: 2.6 °C													
DATE: 6/3/16	TIME: 1010																	
REPORT DATE: 2 weeks from submittal																		

	Document Name:	Document Revised: 23Feb2015
	Sample Condition Upon Receipt Form	Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt

Client Name:

Project #:

WO#: 1267445



Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other: _____

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No Seals Intact? ☐ Yes ☒ No Optional: Proj. Due Date: Proj. Name: _____

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ None ☒ Other: hazmat Temp Blank? ☒ Yes ☐ No

Thermometer Used: ☒ 140792808 Type of Ice: ☒ Wet ☐ Blue ☐ None ☒ Samples on Ice, cooling process has begun.

Cooler Temp Read °C: 2.3 Cooler Temp Corrected °C: 2.6 Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA

Temp should be above freezing to 6°C Correction Factor: 10.3 Date and Initials of Person Examining Contents: 6/2/16

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>nt</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review:

Date: 6/3/16

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (Page 3 of 3 hold, incorrect preservative, out of temp, incorrect containers)